

Case Number:	CM15-0092734		
Date Assigned:	05/19/2015	Date of Injury:	04/22/2010
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on April 22, 2010. He reported slipping and falling on a wet surface, experiencing pain in his lower back, left leg, neck, and left foot. The injured worker was diagnosed as having left long finger trigger finger, status post right trigger finger release long finger, rule out carpal tunnel syndrome bilateral upper extremities, undiagnosed chest pain, acute or chronic low back pain, status post lumbar spine decompression and fusion, left lower extremity radiculitis, depression, and cervical strain. Treatment to date has included interlaminar epidural steroid injection (ESI), physical therapy, acupuncture, and medication. Currently, the injured worker complains of moderate to severe pain. The Primary Treating Physician's report dated April 24, 2015, noted the injured worker reported getting some improvement with medications and rest. Physical examination was noted to show positive tenderness in the paralumbar musculature, with muscle spasming. Straight leg raise was noted to be positive bilaterally, with diminished sensation at the L4 and L5 nerve root distribution. The left hand was noted to have positive tenderness at the A-1 pulley and left long finger with positive triggering. The left hip was noted to have positive tenderness over the greater trochanteric bursa and the anterior superior iliac crest. The right hip was noted to have positive tenderness over the greater trochanteric bursa. The treatment plan was noted to include prescribed and dispensed Diclofenac XR, Omeprazole, and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tizanidine 4mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Weaning of Medications Section Page(s): 63, 66, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbation of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has been taking Tizanidine for an extended period without documentation of functional improvement. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 4 mg #90 with 1 refill is not medically necessary.

Gabapentin 300mg #180 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The injured worker has been Gabapentin for some time with no supporting documentation of a decrease in from of 30-50% or functional improvement. The request for Gabapentin 300mg #180 with 1 refill is not medically necessary.

